



Plan Participation Information

PBGC Form 709

Approved OMB 1212-0055

Expires

Pension Benefit Guaranty Corporation.
P.O. Box 151750, Alexandria, Virginia 22315-1750

For assistance, call 1-800-400-7242

Plan Name: FX.PrismCase.CaseTitle.XF
Plan Number: FX.PrismCase.CaseldNbr.XF
Date Printed: 02/04/2021
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Please complete this form for PBGC to determine your eligibility for a pension. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Print clearly with dark ink.**

1. General information about you

Last Name				First Name			
Middle Name				Other Name(s) Used			
Social Security Number		Date of Birth		Gender			
Mailing Address				Apartment / Route Number			
City				State		Zip Code	
Country				Email (optional)			
Daytime Phone		EXTENSION		Evening Phone			
Name of plan participant, if different						Social Security Number	

2. Participant employment information - Relating to the sponsor of the plan.

Employer Name				City and State			
Job Title				Plant or Facility			
Date of Hire		Date Employment Terminated		Reason for Termination			

CONTINUE

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

Was the plan participant covered by a collective bargaining agreement (union contract) with the employer identified above? If yes, during what period:

No

Yes

From

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MONTH YEAR

To

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 /

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MONTH YEAR

Name of Local Union:

Address

Was the plan participant ever hourly and/or a salaried employee?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Was the plan participant transferred between hourly and salaried?

If yes, specify type and date of each transfer:

Any breaks in service?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, specify the period(s) (from when to when):

Please attach any documentation to verify the participant's employment and/or plan participation.

3. Signature – Sign and date this document. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

SIGNATURE

DATE

SIGN & DATE BEFORE SUBMITTING. THANK YOU